

# CERTIFICATE OF DEATH

State File Number: \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last, Suffix)		2. Sex	3. Social Security Number	4. Date of Death (MM/DD/YYYY)	
5a. Age Last Birthday (Yrs)	5b. Under 1 Year		5c. Under 1 Day		6. Date of Birth (Mo/Day/Year) (Spell Month)
	Months	Days	Hours	Minutes	
7a. Birthplace (City and State or Foreign Country)			7b. Birthplace (County)		
8a. Residence (State or Foreign Country)		8b. Residence (Street and Number - Include Apt. No.)		8c. Did Decedent Live in a Township?	
8d. Residence (County)		8e. Residence (Zip Code)		Yes, decedent lived in _____ twp. No, decedent lived in limits of _____ city/boro.	
9. Ever in US Armed Forces? Yes      No      Unknown		10. Marital Status at Time of Death Divorced      Never Married      Widowed      Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
12. Father / Parent's Name (First, Middle, Last, Suffix)			13. Mother / Parent's Name Prior to First Marriage ( First, Middle, Last, Suffix)		
14a. Informant's Name		14b. Relationship to Decedent		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)	
15a. Place of Death (Check only one)					
If Death Occurred in a Hospital: Emergency Room/Outpatient      Inpatient      Dead on Arrival		If Death Occurred Somewhere Other Than a Hospital: Nursing Home/Long-Term Care Facility      Hospice Facility      Decedent's Home		Other (Specify) _____	
15b. Facility Name (If not institution, give street and number)		15c. City or Town, State, and Zip Code		15d. County of Death	
16a. Method of Disposition Removal from State      Burial      Cremation      Donation Other (Specify) _____		16b. Date of Disposition		16c. Place of Disposition (Name of cemetery, crematory, or other place)	
16d. Location of Disposition (City or Town, State, and Zip Code)		17a. Signature of Funeral Service Licensee or Person in Charge of Interment		17b. License Number	
17c. Name and Complete Address of Funeral Facility					
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. 8th grade or less No diploma, 9th - 12th grade High school graduate or GED completed Some college credit, but no degree Associate degree (e.g. AA, AS) Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.  No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify) _____		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.  White      Korean Black or African American      Vietnamese American Indian or Alaska Native      Other Asian Asian Indian      Native Hawaiian Chinese      Guamanian or Chamorro Filipino      Samoan Japanese      Other Pacific Islander Other (Specify) _____	
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. White      Japanese      Samoan Black or African American      Korean      Other Pacific Islander American Indian or Alaska Native      Vietnamese      Don't Know/Not Sure Asian Indian      Other Asian      Refused Chinese      Native Hawaiian      Other (Specify) _____ Filipino      Guamanian or Chamorro		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.		22b. Kind of Business/Industry	
<b>ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH</b>		23a. Date Pronounced Dead (MM/DD/YYYY)		23b. Signature of Person Pronouncing Death (Only when applicable)	
23d. Date Signed (MM/DD/YYYY)		24. Time of Death		23c. License Number	
		25. Was Medical Examiner or Coroner Contacted?		Yes      No	
<b>CAUSE OF DEATH</b>					
26. <b>Part I.</b> Enter the <u>chain of events</u> --diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate Interval: Onset to Death
IMMEDIATE CAUSE .....> (Final disease or condition resulting in death)  Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> .					
Due to (or as a consequence of):					
26. <b>Part II.</b> Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I.					27. Was an autopsy performed? Yes      No
					28. Were autopsy findings available to complete the cause of death? Yes      No
29. If Female:  Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death?  Yes      Probably No      Unknown		31. Manner of Death  Natural      Homicide Accident      Pending Investigation Suicide      Could not be determined	
		32. Date of Injury (MM/DD/YYYY)		33. Time of Injury	
34. Place of Injury (e.g. home, construction site, farm, school)			35. Location of Injury (Street and Number, City, County, State, Zip Code)		
36. Injury at Work  Yes  No		37. If Transportation Injury, Specify:  Driver/Operator      Pedestrian Passenger      Other (Specify) _____		38. Describe How Injury Occurred:	
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):  Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of Certifier: _____ Title of Certifier: _____ License Number: _____					
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26)				39c. Date Signed (MM/DD/YYYY)	
40. Registrar's District Number		41. Registrar's Signature		42. Registrar File Date (MM/DD/YYYY)	
43. Amendments					

State Use Only

To Be Completed/Verified by: FUNERAL DIRECTOR

ALIAS USED

To Be Completed by: MEDICAL CERTIFIER

NAME OF DECEDENT